

CLAIMANT'S NAME

Anthony P. Sauer

SSAN OR EMPLOYEE NUMBER\*

DEPARTMENT

## Rehabilitation

813-001-9785-001

CB/ID NUMBER

E99

DIVISION OR BUREAU

Director's Office

HEADQUARTERS ADDRESS

721 Capitol Mall

TELEPHONE NUMBER

(916) 558-5800

CITY

STATE

ZIP CODE

STATE

ZIP CODE

Sacramento

CA

95814

[illegible]**CLAIM TOTAL**

|    |        |
|----|--------|
| \$ | 815.57 |
|----|--------|

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

(12) NORMAL WORK HOURS

|   |   |
|---|---|
| Director's Office 001 -<br>in Phoenix, AZ | Nov 15-18, 2009 represented California at the CSAVR Fall Conference |
|---|---|

(13) PRIVATE VEHICLE LICENSE NUMBER

|                           |         |
|---------------------------|---------|
| (14) MILEAGE RATE CLAIMED | \$0.550 |
|---------------------------|---------|

**AGENCY ACCOUNTING  
OFFICE USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE \_\_\_\_\_

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE \_\_\_\_\_

> Original signed by Anthony Sauer

> Original signed by Luciana Profaca

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE \_\_\_\_\_

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